

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT****6924****FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

**1 ACCOUNT #**  
(Ethics Commission filers)**2 Total pages filed:****3 CANDIDATE /  
OFFICEHOLDER  
NAME**

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

DANNY

L

THOMAS

**4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS**

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

P.O. Box 141008 Austin, TX 78714

**5 CANDIDATE/  
OFFICEHOLDER  
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(512) 926-1601

**6 CAMPAIGN  
TREASURER  
NAME**

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

STELLA

M

PULLIN

**OFFICE USE ONLY**

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

**7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)**

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2107 MARQUETTE LANE Austin, TX 78723

**8 CAMPAIGN  
TREASURER  
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(512) 926-7507

**9 REPORT TYPE**☐

January 15

☐

30th day before election

☐

Runoff

☐15th day after campaign treasurer  
appointment (officeholder only)☐

July 15

☐

8th day before election

☐

Exceeded \$500 limit

☐

Final report (Attach C/OH - FR)

**10 PERIOD  
COVERED**

Month

Day

Year

01/01/08

THROUGH

Month

Day

Year

06/30/08

**11 ELECTION**

ELECTION DATE

Month

Day

Year

03/04/08

ELECTION TYPE

☐

Primary

☒

Runoff

☐

General

☐

Special

**12 OFFICE**

OFFICE HELD (if any)

**13 OFFICE SOUGHT (if known)**PRECINCT 1  
TRAVIS COUNTY CONSTABLE**14 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS**

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS****FORM C/OH  
COVER SHEET PG 2****15 C/OH NAME****DANNY LEE THOMAS****16 ACCOUNT #** (Ethics Commission Filers)**17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

**COMMITTEE TYPE**☐ **GENERAL**☐ **SPECIFIC****COMMITTEE NAME****COMMITTEE ADDRESS****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**18 CONTRIBUTION  
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 20196.00

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 25878.83

**CONTRIBUTION  
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 148.17

**OUTSTANDING  
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 1500.00

**19 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

**Danny L. Thomas**  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day  
of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

21

2 FILER NAME

DANNY LEE THOMAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/13/08

5 Full name of contributor

☐ out-of-state PAC (ID#)

ROBERT S. WALKER

6 Contributor address; City; State; Zip Code

4806 HEFLIN LN.  
AUSTIN, TX 78721

7 Amount of  
contribution (\$)

\$20.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1/13/08

Full name of contributor

☐ out-of-state PAC (ID#)

IOLA TAYLOR

Contributor address; City; State; Zip Code

16708 DECKER CREEK DR.  
AUSTIN, TX 78653

Amount of  
contribution (\$)

\$20.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/13/08

Full name of contributor

☐ out-of-state PAC (ID#)

TIFFANY WASHINGTON

Contributor address; City; State; Zip Code

1411 LAGUNA CR.  
HULTO, TX. 78634

Amount of  
contribution (\$)

\$5.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/13/08

Full name of contributor

☐ out-of-state PAC (ID#)

CASH CONTRIBUTION  
UNDER \$50

Amount of  
contribution (\$)

\$6.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/4/08

Full name of contributor

☐ out-of-state PAC (ID#)

JAMES LIMUEL

Contributor address; City; State; Zip Code

1129 OMEGA ST.  
AUSTIN, TX 78721

Amount of  
contribution (\$)

\$25.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

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2 FILER NAME

DANNY LEE THOMAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/11/08

5 Full name of contributor

☐ out-of-state PAC (ID#)

ROY A. BUTLER

7 Amount of  
contribution (\$)

\$50.00

8 In-kind contribution  
description (if applicable)

6 Contributor address; City; State; Zip Code

TWO NILES RD.  
AUSTIN, TX 78703

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1/17/08

Full name of contributor

☐ out-of-state PAC (ID#)

LUTHER C. SIMOND

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

2005 HAMILTON AVENUE  
AUSTIN, TX 78702

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/15/08

Full name of contributor

☐ out-of-state PAC (ID#)

LOIS &amp; LOLLIE WHITE

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

7304 GENEVA DR.  
AUSTIN, TX 78723

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/17/08

Full name of contributor

☐ out-of-state PAC (ID#)

HOSPITAL PHARMACY

Amount of  
contribution (\$)

100.00

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

2115 E. MARTIN LUTHER KING BLVD.  
AUSTIN, TX 78702-1341

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/13/08

Full name of contributor

☐ out-of-state PAC (ID#)

MSGT. CHARENCE N. MAYES

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

7915 COLLIER RD.  
AUSTIN, TX 78747

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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1 Total pages Schedule A:

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2 FILER NAME

DANNY LEE THOMAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/13/08

5 Full name of contributor

☐ out-of-state PAC (ID#)

ANGELIA EDWARDS

6 Contributor address; City; State; Zip Code

694 MESA DR.  
DEL VALLE, TX 78617-5631

7 Amount of  
contribution (\$)

\$25.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1/13/08

Full name of contributor

☐ out-of-state PAC (ID#)

JOHNNIE EPPRIGHT

Contributor address; City; State; Zip Code

13031 PARK CROSSING APT 8304  
SAN ANTONIO, TX 78217

Amount of  
contribution (\$)

\$25.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/7/08

Full name of contributor

☐ out-of-state PAC (ID#)

BOBBY JOE NEW

Contributor address; City; State; Zip Code

400 JERRY'S LANE  
BUDA, TX 78610

Amount of  
contribution (\$)

\$500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/15/08

Full name of contributor

☐ out-of-state PAC (ID#)

LTC. JOHN T. PATTERSON USAF RETD

Contributor address; City; State; Zip Code

15908 W. DORMAN DR.  
AUSTIN, TEXAS 78717

Amount of  
contribution (\$)

\$50.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/22/08

Full name of contributor

☐ out-of-state PAC (ID#)

MYRON A. JONES

Contributor address; City; State; Zip Code

10500 PICKFAIR  
AUSTIN, TX 78750

Amount of  
contribution (\$)

\$25.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

31

2 FILER NAME

DANNY LEE THOMAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/26/08

5 Full name of contributor

☐ out-of-state PAC (ID#)

ARCHIE + MICHELE SMITH

6 Contributor address; City; State; Zip Code

4705 CARSON HILL DR.  
AUSTIN, TX 78723

7 Amount of  
contribution (\$)

\$ 100.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/4/08

Full name of contributor

☐ out-of-state PAC (ID#)

ORA L. HUNT

Contributor address; City; State; Zip Code

3012 E 14th ST.  
AUSTIN, TX 78702

Amount of  
contribution (\$)

\$ 50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/4/08

Full name of contributor

☐ out-of-state PAC (ID#)

DOROTHY ATE

Contributor address; City; State; Zip Code

3019 VAN DR.  
AUSTIN, TX 78723

Amount of  
contribution (\$)

\$ 20.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/5/08

Full name of contributor

☐ out-of-state PAC (ID#)

BMC PAC

Contributor address; City; State; Zip Code

111 CONGRESS AVE SUITE 1400  
AUSTIN, TX 78701

Amount of  
contribution (\$)

\$ 500.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/6/08

Full name of contributor

☐ out-of-state PAC (ID#)

VELMA R. WILSON

Contributor address; City; State; Zip Code

14923 BESCOTT DR.  
AUSTIN, TX 78728

Amount of  
contribution (\$)

\$ 50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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1 Total pages Schedule A:

21

2 FILER NAME

DANNY LEE THOMAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/7/08

5 Full name of contributor

☐ out-of-state PAC (ID#)

DRS. SIDNEY WHITE, JR., NORMAN  
MASON, OLIVER MC ELYEEN L.L.P.

6 Contributor address; City; State; Zip Code

2113 E. M.L. KING, JR BLVD STE 105A  
AUSTIN, TX 78702

7 Amount of  
contribution (\$)

\$100.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/9/08

Full name of contributor

☐ out-of-state PAC (ID#)

MATT CURTIS

Contributor address; City; State; Zip Code

807 BLANCO #305  
AUSTIN, TX 78703

Amount of  
contribution (\$)

\$240.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/10/08

Full name of contributor

☐ out-of-state PAC (ID#)

JUDGE EVELYN MCKEE Campaign

Contributor address; City; State; Zip Code

P.O. BOX 142495  
AUSTIN, TX 78714

Amount of  
contribution (\$)

\$100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/17/08

Full name of contributor

☐ out-of-state PAC (ID#)

JOE & KIM SHULER

Contributor address; City; State; Zip Code

P.O. BOX 141962  
AUSTIN, TX 78714

Amount of  
contribution (\$)

\$50.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/17/08

Full name of contributor

☐ out-of-state PAC (ID#)

TEXAS PEACE OFFICERS ASSOC  
(TPPA) AUSTIN

Contributor address; City; State; Zip Code

P.O. BOX 16138  
AUSTIN, TX 78761-6138

Amount of  
contribution (\$)

\$100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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1 Total pages Schedule A:

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2 FILER NAME

DANNY LEE THOMAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/17/08

5 Full name of contributor

☐ out-of-state PAC (ID#)

MSG. ED JOHNSON, JR USA RETD  
DOROTHY JOHNSON

6 Contributor address; City; State; Zip Code

6602 HIGHPOINT DR.  
AUSTIN, TX 78723-3924

7 Amount of  
contribution (\$)

\$100.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/19/08

Full name of contributor

☐ out-of-state PAC (ID#)

AUSTIN POLICE ASSOC. PAC

Contributor address; City; State; Zip Code

400 W. 14TH STREET 230  
AUSTIN, TX 78701

Amount of  
contribution (\$)

\$1000.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/20/08

Full name of contributor

☐ out-of-state PAC (ID#)

DON & CATHY CREAMER

Contributor address; City; State; Zip Code

15300 FM 969  
AUSTIN, TX 78724

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/20/08

Full name of contributor

☐ out-of-state PAC (ID#)

WILL WYNN

Contributor address; City; State; Zip Code

800 W. 5TH ST. #708  
AUSTIN, TX 78723

Amount of  
contribution (\$)

\$500.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/22/08

Full name of contributor

☐ out-of-state PAC (ID#)

LUTHER C. SIMOND

Contributor address; City; State; Zip Code

2005 HAMILTON AVENUE  
AUSTIN, TX 78702

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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1 Total pages Schedule A:

21

2 FILER NAME

DANNY LEE THOMAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/22/08

5 Full name of contributor

☐ out-of-state PAC (ID#)

WILLIE C. LEWIS

6 Contributor address; City; State; Zip Code

5708 SPRINGDALE RD.  
AUSTIN, TX 78723-3661

7 Amount of contribution (\$)

\$200.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/22/08

Full name of contributor

☐ out-of-state PAC (ID#)

HENRY H. GILMORE

Contributor address; City; State; Zip Code

11105 S. BAY LN.  
AUSTIN, TX 78739

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/22/08

Full name of contributor

☐ out-of-state PAC (ID#)

CHARLENE DOBBINS

Contributor address; City; State; Zip Code

515 E. PALM VALLEY BLVD APT 615  
ROUND ROCK, TX 78664

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/22/08

Full name of contributor

☐ out-of-state PAC (ID#)

JAMES M. STRICKLAND

Contributor address; City; State; Zip Code

818 E. 53RD ST.  
AUSTIN, TX 78751-2212

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/22/08

Full name of contributor

☐ out-of-state PAC (ID#)

BOB E. & KAY E. GREGORY

Contributor address; City; State; Zip Code

2939 WESTLAKE COVE  
AUSTIN, TX 78746

Amount of contribution (\$)

\$1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

21

2 FILER NAME

DANNY LEE THOMAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/24/08

5 Full name of contributor ☐ out-of-state PAC (ID#)THE COLLEEN G. WARING 2005 REVOCABLE  
COLLEEN G. WARING TRUST

6 Contributor address; City; State; Zip Code

8001 EPPING LN.  
AUSTIN, TX 78745-68317 Amount of  
contribution (\$)

\$100.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/24/08

Full name of contributor ☐ out-of-state PAC (ID#)

OLIVER B. STREET COMPANY

Contributor address; City; State; Zip Code

6901 N. LAMAR BLVD STE 128  
AUSTIN, TX 78752-3534Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/25/08

Full name of contributor ☐ out-of-state PAC (ID#)

ARMBRUST &amp; BROWN, L.L.P.

Contributor address; City; State; Zip Code

100 CONGRESS AVENUE, SUITE 1300  
AUSTIN, TX 78701-2744Amount of  
contribution (\$)

\$250.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/26/08

Full name of contributor ☐ out-of-state PAC (ID#)

KIRK WATSON FOR TEXAS SENATE

Contributor address; City; State; Zip Code

P.O. BOX 2004  
AUSTIN, TX 78768Amount of  
contribution (\$)

\$1000.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/26/08

Full name of contributor ☐ out-of-state PAC (ID#)ARTHUR L. SAMPSON  
DBA PARK PAVILION

Contributor address; City; State; Zip Code

5710 SANDHURST CIRCLE  
AUSTIN, TX 78723Amount of  
contribution (\$)

\$25.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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1 Total pages Schedule A:

21

2 FILER NAME

DANNY LEE THOMAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/27/08

5 Full name of contributor

☐ out-of-state PAC (ID#)

PORT ARTHUR TODD, JR  
JANIS MARSHALL TODD

6 Contributor address; City; State; Zip Code

20734 FM 969  
ELGIN, TX 78621

7 Amount of  
contribution (\$)

\$505.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/29/08

Full name of contributor

☐ out-of-state PAC (ID#)

CRAIG HOWARD

Contributor address; City; State; Zip Code

P.O. BOX 689001  
AUSTIN, TX 78768

Amount of  
contribution (\$)

\$200.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/7/08

Full name of contributor

☐ out-of-state PAC (ID#)

S. L. LEFFINGWELL (LEE)

Contributor address; City; State; Zip Code

4516 BALCONES DR.  
AUSTIN, TX 78731

Amount of  
contribution (\$)

\$150.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/08

Full name of contributor

☐ out-of-state PAC (ID#)

LEE MACHEN

Contributor address; City; State; Zip Code

10462 FM 812  
AUSTIN, TX 78719

Amount of  
contribution (\$)

\$200.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/11/08

Full name of contributor

☐ out-of-state PAC (ID#)

SUSAN D. MATHER

Contributor address; City; State; Zip Code

9007 HUNTERS TRCE  
AUSTIN, TX 78758-6516

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

21

2 FILER NAME

DANNY LEE THOMAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/12/08

5 Full name of contributor

☐ out-of-state PAC (ID#)

ROD AREND RENTAL

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

P.O. BOX 4598  
AUSTIN, TX 78765

\$100.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/12/08

Full name of contributor

☐ out-of-state PAC (ID#)

CRAIG HOWARD

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

705 Clear SPRING COVE  
ROUND ROCK, TX 78664

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/13/08

Full name of contributor

☐ out-of-state PAC (ID#)

EDWARD HARRIS, JR.

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1821 CORONADO HILLS DRIVE  
AUSTIN, TX 78752

\$50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/14/08

Full name of contributor

☐ out-of-state PAC (ID#)

W. G. Hunt &amp; Co.

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1721 E. 12th P.O. Box 6045  
Austin, TX 78702

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/14/08

Full name of contributor

☐ out-of-state PAC (ID#)

Ada M. Hunt

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1706 New York Ave.  
Austin, TX 78702

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

21

2 FILER NAME

DANNY LEE THOMAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/14/08

5 Full name of contributor

☐ out-of-state PAC (ID#)

G. RICHARDS

6 Contributor address; City; State; Zip Code

1903 CHESTNUT AVE.  
AUSTIN, TX 78722

7 Amount of contribution (\$)

100.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/14/08

Full name of contributor

☐ out-of-state PAC (ID#)

BMcPAC

Contributor address; City; State; Zip Code

111 CONGRESS AVE. SUITE 1400  
AUSTIN, TX 78701

Amount of contribution (\$)

\$500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/15/08

Full name of contributor

☐ out-of-state PAC (ID#)

ROBERT DELEON WADE

Contributor address; City; State; Zip Code

3602 WINDHILL LOOP  
ROUND ROCK, TX 78681

Amount of contribution (\$)

\$100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/18/08

Full name of contributor

☐ out-of-state PAC (ID#)

GUSTAVO L. GARCIA

Contributor address; City; State; Zip Code

17401 OPHELIA DR.  
AUSTIN, TX 78752

Amount of contribution (\$)

\$250.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/18/08

Full name of contributor

☐ out-of-state PAC (ID#)

LAW OFFICE OF JAMIE BALAGIA, P.C.

Contributor address; City; State; Zip Code

PO BOX 360  
MANDR, TX 78653

Amount of contribution (\$)

\$500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

21

2 FILER NAME

DANNY LEE THOMAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/18/08

5 Full name of contributor

☐ out-of-state PAC (ID#)

DEMETRIUS G. McDANIEL

7 Amount of contribution (\$)

\$250.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

6 Contributor address; City; State; Zip Code

7601 SANDIA LOOP  
AUSTIN, TX 78735

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/18/08

Full name of contributor

☐ out-of-state PAC (ID#)E. LEE WALKER, JENNIFER  
VICKERS, KIMBERLY THROWER

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code

4206 AVENUE G  
AUSTIN, TX 78751-3816

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/24/08

Full name of contributor

☐ out-of-state PAC (ID#)BOB E. GREGORY  
KAY E. GREGORY

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code

2939 WESTLAKE COVE  
AUSTIN, TX 78746

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/19/08

Full name of contributor

☐ out-of-state PAC (ID#)AUSTIN APT ASSOC  
POLITICAL ACTION COMMITTEE

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code

4107 MEDICAL PKWY  
AUSTIN, TX 78756

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/24/08

Full name of contributor

☐ out-of-state PAC (ID#)

NAT BRADFORD

Amount of contribution (\$)

\$35.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code

5507 BASSWOOD LANE  
AUSTIN, TX 78723

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

21

2 FILER NAME

DANNY LEE THOMAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/24/08

5 Full name of contributor

☐ out-of-state PAC (ID#)

WILLIAM A. CALLOWAY

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

2104 E. ANDERSON LN. Apt 1B1  
AUSTIN, TX 78752

\$50.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/24/08

Full name of contributor

☐ out-of-state PAC (ID#)

DEWAYNE W. LOFTON

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4709 CARSON HILL DR  
AUSTIN, TX 78723

\$50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/24/08

Full name of contributor

☐ out-of-state PAC (ID#)

JAMES R. JOHNSON

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

711 CHURCHILL FARMS DR.  
GEORGETOWN, TX 78626

\$50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/20/08

Full name of contributor

☐ out-of-state PAC (ID#)

SAMUEL HOBT

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

11102 WANDERING WAY  
AUSTIN, TX 78754

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/20/08

Full name of contributor

☐ out-of-state PAC (ID#)

MATT ALEXANDER HERSH

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3201 DULVAL RD 1134  
AUSTIN, TX 78759

\$25.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

21

2 FILER NAME

DANNY LEE THOMAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/21/08

5 Full name of contributor ☐ out-of-state PAC (ID#)

PRETTY CLEAN AUTO DETAILING  
SERVICE, INC.

6 Contributor address; City; State; Zip Code

1514 ED. BLUESTEIN, SUITE 309  
AUSTIN, TX 78721

7 Amount of  
contribution (\$)

100.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/24/08

Full name of contributor ☐ out-of-state PAC (ID#)

CATHERINE I DR  
LERDY HUNT

Contributor address; City; State; Zip Code

16610 DEEP MEADOW COVE  
MANDOR, TX 78653

Amount of  
contribution (\$)

\$ 20.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/24/08

Full name of contributor ☐ out-of-state PAC (ID#)

MICHAEL A. CARTER

Contributor address; City; State; Zip Code

2902 SWEENEY LANE 1  
AUSTIN, TX 78723

Amount of  
contribution (\$)

\$ 25.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/25/08

Full name of contributor ☐ out-of-state PAC (ID#)

FRANK C. BROWN

Contributor address; City; State; Zip Code

8501 CAMERON RD APT 132  
AUSTIN, TX 78754

Amount of  
contribution (\$)

\$ 25.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/22/08

Full name of contributor ☐ out-of-state PAC (ID#)

AMBRES E. KEARNEY

Contributor address; City; State; Zip Code

19205 SOTO GRANDE DR.  
PFLUGERVILLE, TX 78660

Amount of  
contribution (\$)

\$ 50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

21

2 FILER NAME

DANNY LEE THOMAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/14/08

5 Full name of contributor ☐ out-of-state PAC (ID#:

AKWASI EVANS  
NOKOA NEWSPAPER

6 Contributor address; City; State; Zip Code

P.O. BOX 1131  
AUSTIN, TX 78767

7 Amount of  
contribution (\$)

\$100.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/20/08

Full name of contributor ☐ out-of-state PAC (ID#:

SOUTHSIDE WRECKER CO

Contributor address; City; State; Zip Code

P.O. BOX 1799  
MANHACCA, TX 78610

Amount of  
contribution (\$)

\$500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/08

Full name of contributor ☐ out-of-state PAC (ID#:

JAMES L. NEW  
BOBBY JOE NEW

Contributor address; City; State; Zip Code

5800 COLTON RD  
AUSTIN, TX 78719

Amount of  
contribution (\$)

\$500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/30/08

Full name of contributor ☐ out-of-state PAC (ID#:

BOBBY JOE NEW  
SHERRY NEW

Contributor address; City; State; Zip Code

400 JERRY'S LANE  
BUDA, TX 78610

Amount of  
contribution (\$)

\$500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/25/08

Full name of contributor ☐ out-of-state PAC (ID#:

HOOVER H. ALEXANDER, JR

Contributor address; City; State; Zip Code

1303 COMAL ST  
AUSTIN, TX 78702

Amount of  
contribution (\$)

\$100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

21

2 FILER NAME

DANNY LEE THOMAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/27/08

5 Full name of contributor

☐ out-of-state PAC (ID#)

SOUTHSIDE STORAGE INC

6 Contributor address; City; State; Zip Code

4308 TERRY O LN  
AUSTIN, TX 78745

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/29/08

Full name of contributor

☐ out-of-state PAC (ID#)

SHERYL N. COLE  
KEVIN W. COLE

Contributor address; City; State; Zip Code

4101 WILDWOOD RD.  
AUSTIN, TX 78722

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/25/08

Full name of contributor

☐ out-of-state PAC (ID#)

SAMUEL & GIGI BRYANT

Contributor address; City; State; Zip Code

11023 PENCEWOOD CT  
AUSTIN, TX 78750

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/25/08

Full name of contributor

☐ out-of-state PAC (ID#)

Cash contributions  
under \$50

Amount of contribution (\$)

\$190.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/25/08

Full name of contributor

☐ out-of-state PAC (ID#)

Cash contributions  
under \$50

Amount of contribution (\$)

\$15.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

21

2 FILER NAME

DANNY LEE THOMAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/26/08

5 Full name of contributor

☐ out-of-state PAC (ID#)

WILLIE JOE MADISON

6 Contributor address; City; State; Zip Code

P.O. BOX 140212  
AUSTIN, TX 787147 Amount of  
contribution (\$)

\$50.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/19/08

Full name of contributor

☐ out-of-state PAC (ID#)

TIGABU YEDEME

Contributor address; City; State; Zip Code

P.O. BOX 180611  
AUSTIN, TX 78718Amount of  
contribution (\$)

\$100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/08

Full name of contributor

☐ out-of-state PAC (ID#)LLOYD DOUGGETT  
STATE ACCOUNT

Contributor address; City; State; Zip Code

PO BOX 5843  
AUSTIN, TX 78763Amount of  
contribution (\$)

\$500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/31/08

Full name of contributor

☐ out-of-state PAC (ID#)

ZENAW MERSHA

Contributor address; City; State; Zip Code

4501 E. RIVERSIDE DR APT 2032  
AUSTIN, TX 78741Amount of  
contribution (\$)

\$100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/31/08

Full name of contributor

☐ out-of-state PAC (ID#)YODITT. TEKLE  
SOLOMON A. KASSA

Contributor address; City; State; Zip Code

2058 DONNELL DR  
ROUND ROCK, TX 78664Amount of  
contribution (\$)

\$100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

21

2 FILER NAME

DANNY LEE THOMAS

3 ACCOUNT# (Ethics Commission filers)

4 Date

3/31/08

5 Full name of contributor

☐ out-of-state PAC (ID#)

FIREW T. GETAHUN

6 Contributor address; City; State; Zip Code

2722 HIGHPOINT DR.  
ROUND ROCK, TX 786647 Amount of  
contribution (\$)

\$100.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/31/08

Full name of contributor

☐ out-of-state PAC (ID#)

DANIEL MESFIN EIJAL

Contributor address; City; State; Zip Code

1522 THIBODEAUX  
ROUND ROCK, TX 78664Amount of  
contribution (\$)

\$100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/31/08

Full name of contributor

☐ out-of-state PAC (ID#)

ABERA B. MERSHA

Contributor address; City; State; Zip Code

4501 E. RIVERSIDE DR. Apt 2032  
AUSTIN, TX 78741Amount of  
contribution (\$)

\$100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/31/08

Full name of contributor

☐ out-of-state PAC (ID#)

ANTENEA B. FANTA

Contributor address; City; State; Zip Code

615 E. WONSLEY DR. Apt 244  
AUSTIN, TX 78753Amount of  
contribution (\$)

\$100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/08

Full name of contributor

☐ out-of-state PAC (ID#)RONNIE JONES  
ATTY & COUNSELOR AT LAW

Contributor address; City; State; Zip Code

7000 N. MOPAC EXPRESSWAY STE 200  
AUSTIN, TX 78731Amount of  
contribution (\$)

\$150.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1. Total pages Schedule A:

21

2. FILER NAME

DANNY LEE THOMAS

3. ACCOUNT # (Ethics Commission filers)

4. Date

4/2/08

5. Full name of contributor ☐ out-of-state PAC (ID#)

CARL HARVEY

TURNING POINT BIBLE Fellowship

6. Contributor address; City; State; Zip Code

5603 WESTMINSTER DR.

AUSTIN, TX 78723

7. Amount of contribution (\$)

\$100.00

8. In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9. Principal occupation / Job title (See Instructions)

10. Employer (See Instructions)

Date

4/2/08

Full name of contributor ☐ out-of-state PAC (ID#)

WILLIAM REAGAN, II

Contributor address; City; State; Zip Code

40 N. IH 35 STE. 1A2

AUSTIN, TX 78701

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/5/08

Full name of contributor ☐ out-of-state PAC (ID#)

DEBRA P. MORGAN

Contributor address; City; State; Zip Code

3802 TAMARACK TRAIL

AUSTIN, TX 78727-3926

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/5/08

Full name of contributor ☐ out-of-state PAC (ID#)

STEPHEN L. MORGAN

Contributor address; City; State; Zip Code

3802 TAMARACK TRAIL

AUSTIN, TX 78727-3926

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/3/08

Full name of contributor ☐ out-of-state PAC (ID#)

THELMA J. RILEY

Contributor address; City; State; Zip Code

107 VALLEY RUN TRAIL

ELGIN, TX 78621

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

21

2 FILER NAME

DANNY LEE THOMAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/1/08

5 Full name of contributor

☐ out-of-state PAC (ID#)

MARY L. LEHMANN

6 Contributor address; City; State; Zip Code

110 E. 37th ST. 210  
AUSTIN, TX 78705

7 Amount of contribution (\$)

\$200.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/5/08

Full name of contributor

☐ out-of-state PAC (ID#)

PORT ARTHUR TODD, JR  
JANIS MARSHALL TODD

Contributor address; City; State; Zip Code

20734 FM 969  
ELGIN, TX 78621

Amount of contribution (\$)

\$700.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/5/08

Full name of contributor

☐ out-of-state PAC (ID#)

ROBERT L. KELLOGG, PH.D.

Contributor address; City; State; Zip Code

1401 TRAVIS HTS BVD  
AUSTIN, TX 78704

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/5/08

Full name of contributor

☐ out-of-state PAC (ID#)

Travillion Family

Contributor address; City; State; Zip Code

3508 GREEN EMERALD TERRACE  
AUSTIN, TX 78739

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/5/08

Full name of contributor

☐ out-of-state PAC (ID#)

Dr. Ugo M. Amador

Contributor address; City; State; Zip Code

5811 EITCHWOOD LN  
AUSTIN, TX 78749

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

21

2 FILER NAME

DANNY LEE THOMAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/12/08

5 Full name of contributor ☐ out-of-state PAC (ID#:  
THE COLLEEN G. WARING 2005 REVOCABLE  
COLLEEN G. WARING TRUST

6 Contributor address; City; State; Zip Code

8007 EPPING LN.  
AUSTIN, TX 78745-6831

7 Amount of  
contribution (\$)

\$500.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/1/08

Full name of contributor ☐ out-of-state PAC (ID#:

HOWARD OR ALFREDA LOVING

Contributor address; City; State; Zip Code

6706 COLONY PARK DR.  
AUSTIN, TX 78724

Amount of  
contribution (\$)

\$25.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/13/08

Full name of contributor ☐ out-of-state PAC (ID#:

DOROTHY JARMON

Contributor address; City; State; Zip Code

4700 CARSONHILL DR.  
AUSTIN, TX 78723

Amount of  
contribution (\$)

\$20.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/30/08

Full name of contributor ☐ out-of-state PAC (ID#:

CALVIN E. LEE

Contributor address; City; State; Zip Code

11441 N. IH35  
AUSTIN, TX 78753

Amount of  
contribution (\$)

\$200.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/6/08

Full name of contributor ☐ out-of-state PAC (ID#:

BARRY J. W. FRANKLIN, LLC  
DBA A LIFE CELEBRATION BY FRANKLIN

Contributor address; City; State; Zip Code

15000 HOG EYE ROAD  
MANDR, TX 78653-4405

Amount of  
contribution (\$)

\$1000.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# LOANS

## SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

DANNY LEE THOMAS

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$ 5000.00

5 Date of loan

3-14-08

7 Name of lender

CHASE BANK

☐ out-of-state PAC (ID# \_\_\_\_\_)

9 Loan Amount (\$)

5000.00

6 Is lender a financial Institution?

Y

N

8 Lender address; City; State; Zip Code

6406 N. IH35  
TX 00426 LINCOLN VILLAGE BANKING CTR  
AUSTIN, TX 78752

10 Interest rate

22.750

11 Maturity date

3-14-2011

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

X none

15 GUARANTOR INFORMATION

☐ not applicable

16 Name of guarantor

18 Amount Guaranteed (\$)

17 Guarantor address; City; State; Zip Code

19 Principal Occupation

20 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID# \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial Institution?

Y

N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

GUARANTOR INFORMATION

☐ not applicable

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.





\*\*

## BOARDING DATA SHEET

Principal	Loan Date	Maturity	Loan No	Call / Coll	Account	Officer	Initials
\$5,000.00	03-14-2008	03-14-2011	412150154450		412150154450	***	

References in the shaded area are for Lender's use only and do not limit the applicability of this document to any particular loan or item.  
Any item above containing "\*\*\*\*" has been omitted due to text length limitations.

**Borrower:** DANNY THOMAS  
6814 HILLCROFT DR  
AUSTIN, TX 78724

**Lender:** JPMorgan Chase Bank, N.A.  
Home Equity and Consumer Lending Division  
1111 Polaris Parkway  
Columbus, OH 43240

## CUSTOMER DATA SUMMARY

DANNY THOMAS  
Street Address: 6814 HILLCROFT DR  
Mailing Address:

465-86-7021 Individual  
AUSTIN TX 78724

**Borrower**  
County:  
County:

Cust #: 412150154450  
Phone: (512) 926-1601  
Birthday: 10-12-1950

## TRANSACTION SUMMARY

Transaction No.: 21554450  
Product Category: 3  
Loan Policy: Consumer

Product Description: Unsecured  
Category of Purpose: Personal, Family or Household Purposes  
Specific Loan Purpose: PERSONAL

## CLASSIFICATION DATA

Application No: 0210000100000041  
Application Date:  
Loan No: 412150154450  
Loan Date: 03-14-2008  
Officer: RICARDO VEGA  
Processor No: U737767 Ezell, Sherdina L  
Collateral Code:  
Charge Code:  
Call Code:  
Baltimore, MD:  
Open End Term:  
Automatic Payments:  
Current RCO Application No:  
Fee Driver:  
Modification Date:

Branch: TX00426 Lincoln Village Banking Center  
Dept: Doc Prep  
Division: No  
Region:  
Loan Type:  
Loan Class: New Loan  
Purpose Code:  
Class Code:  
LockCreditor:  
Mtg Tax Method:  
Recapture:  
Customer Tier: 4  
# of Prior Modifications:  
Title POS: N

Fee Waiver Code:  
Employee Loan: No  
Restricted Access:  
Reg O Loan: No  
Comments:

Portfolio Code:  
Host System:  
User Code 2:  
Refinance: N  
Con Mod Code: 0  
IRS 4506-T: N  
Closing Option: 01 = Retail Branch

## PAYMENT DATA

INSTALLMENT LOAN  
(Fixed Rate)

	Financed	In Cash
AMOUNT REQUESTED:	\$5,000.00	
PREPAID FINANCE CHARGES:	0.00	
SECURITY INTEREST CHARGES:	0.00	
NOTE AMOUNT:	\$5,000.00	\$0.00

## DISBURSEMENTS:

Account: 750111429

Checking

\$5,000.00

## PAYMENT CALCULATION:

No of Pymts	Amount	Due
36	\$192.94	Monthly beginning 04-14-2008

Interest Method: 365/365  
Disbursement Date: 03-14-2008  
Due Date: 03-14-2011

## INTEREST RATE SELECTION:

Interest Rate: 22.750

LOAN TO MY  
CAMPAIGN

APR	FINANCE CHARGE	AMOUNT FINANCED	TOTAL OF PAYMENTS
22.766%	\$1,945.84	\$5,000.00	\$6,945.84

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

1

2 FILER NAME

DANNY LEE THOMAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/9/08

5 Payee name

DANNY L. THOMAS

6 Payee address; City; State; Zip Code

6814 HILLCROFT  
AUSTIN, TX 78724

8 Amount (\$)

200.00

7 Purpose of expenditure (See instructions regarding type of information required.)

DEPOSITED INTO CAMPAIGN ACCOUNT  
(If travel outside of Texas, complete Schedule T)

☒ Reimbursement from political contributions intended

Date

3/12/08

Payee name

DANNY L. THOMAS

Payee address; City; State; Zip Code

6814 HILLCROFT  
AUSTIN, TX 78724

Amount (\$)

200.00

Purpose of expenditure (See instructions regarding type of information required.)

DEPOSITED INTO CAMPAIGN ACCOUNT  
(If travel outside of Texas, complete Schedule T)

☒ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

## POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

15

2 FILER NAME

DANNY LEE THOMAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/1/08

5 Payee name

THE HOME DEPOT

6 Payee address; City; State; Zip Code

7211 N IH 35  
AUSTIN, TX 78752

7 Amount (\$)

210.67

8 Purpose of payment (See instructions regarding type of information required.)

MATERIALS FOR Campaign  
(If travel outside of Texas, complete Schedule T) SIGNS

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

2/5/08

Payee name

EXXONMOBIL

Payee address; City; State; Zip Code

7844 BURNET RD  
AUSTIN, TX 78757

Amount (\$)

54.00

Purpose of payment (See instructions regarding type of information required.)

TRAVEL EXPENSES  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

2/9/08

Payee name

Eleanor Thompson

Payee address; City; State; Zip Code

1409 CLIFFORD AVE.  
AUSTIN, TX 78702

Amount (\$)

200.00

Purpose of payment (See instructions regarding type of information required.)

Campaign mgt fee  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

2/18/08

Payee name

CHECKMARK TYPESETTING

Payee address; City; State; Zip Code

3217 N. IH 35  
AUSTIN, TX 78722

Amount (\$)

1601.01

Purpose of payment (See instructions regarding type of information required.)

ROAD AND YARD SIGNS  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

15

2 FILER NAME

DANNY LEE THOMAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/18/08

5 Payee name

Nueva Leon

6 Payee address; City; State; Zip Code

1501 E. 6th STREET  
AUSTIN, TEXAS 78702

7 Amount (\$)

\$ 166.25

8 Purpose of payment (See instructions regarding type of information required.)

FUNDRAISER & BUFFET TABLE  
(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

2/21/08

Payee name

ELEANOR THOMPSON

Payee address; City; State; Zip Code

1409 CLIFFORD AVE.  
AUSTIN, TX 78702

Amount (\$)

800.00

Purpose of payment (See instructions regarding type of information required.)

Campaign sign fee  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

2/23/08

Payee name

THE HOME DEPOT

Payee address; City; State; Zip Code

7211 N IH 35  
AUSTIN, TX 78752

Amount (\$)

108.12

Purpose of payment (See instructions regarding type of information required.)

MATERIALS FOR Campaign SIGNS  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

2/23/08

Payee name

LOWES

Payee address; City; State; Zip Code

13201 N. RANCH RD 620  
AUSTIN, TX 78729

Amount (\$)

12.69

Purpose of payment (See instructions regarding type of information required.)

MATERIALS FOR Campaign SIGNS  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

15

2 FILER NAME

DANNY LEE THOMAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/25/08

5 Payee name

ALFREDO SANTOS

6 Payee address; City; State; Zip Code

P.O. BOX 19457  
AUSTIN, TX

7 Amount (\$)

750.00

8 Purpose of payment (See instructions regarding type of information required.)

PUBLICATIONS

(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

2/27/08

Payee name

TOMMY WYATT / THE VILLAGER

Payee address; City; State; Zip Code

1223-A ROSEWOOD AVENUE  
AUSTIN, TX 78702

Amount (\$)

504.00

Purpose of payment (See instructions regarding type of information required.)

ADVERTISEMENT IN NEWSPAPER

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

3/13/08

Payee name

EXXONMOBIL

Payee address; City; State; Zip Code

7715 E. BEN WHITE BLVD  
AUSTIN, TX 78741

Amount (\$)

40.00

Purpose of payment (See instructions regarding type of information required.)

FUEL EXPENSE

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

2/28/08

Payee name

ALFREDO SANTOS

Payee address; City; State; Zip Code

P.O. BOX 19457  
AUSTIN, TX

Amount (\$)

175.00

Purpose of payment (See instructions regarding type of information required.)

Established WEBSITE

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

15

2 FILER NAME

DANNY LEE THOMAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/15/08

5 Payee name

IDA M. HUNT /  
PDK SOUVENIR JOURNAL

6 Payee address; City; State; Zip Code

1706 New York Ave  
AUSTIN, TX 78702

7 Amount (\$)

125.00

8 Purpose of payment (See instructions regarding type of information required.)

AD PLACED IN SOUVENIR JOURNAL

(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

2/28/08

Payee name

QUICK PRINT

Payee address; City; State; Zip Code

8311 SHOAL CREEK BLVD.  
AUSTIN, TX 78757

Amount (\$)

2000.00

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN MAILOUTS/POSTAGE/  
HANDLING

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

2/29/08

Payee name

QUICK PRINT

Payee address; City; State; Zip Code

8311 SHOAL CREEK BLVD  
AUSTIN, TX 78757

Amount (\$)

1000.00

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN MAILOUTS/POSTAGE/  
HANDLING

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

2/28/08

Payee name

OPINION ANALYSTS, INC.

Payee address; City; State; Zip Code

906 RIO GRANDE ST  
AUSTIN, TX 78701

Amount (\$)

274.89

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN MAILOUTS

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

15

2 FILER NAME

DANNY LEE THOMAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/15/08

5 Payee name

EXXONMOBIL

6 Payee address; City; State; Zip Code

7715 E. BEN WHITE BLVD  
AUSTIN, TX 78741

7 Amount (\$)

40.00

8 Purpose of payment (See instructions regarding type of information required.)

FUEL EXPENSE  
(If travel outside of Texas, complete Schedule T)9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

3/17/08

Payee name

ELEANOR THOMPSON

Payee address; City; State; Zip Code

1409 CLIFFORD AVE  
AUSTIN, TX 78702

Amount (\$)

350.00

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN SUPPLIES/STAMPS  
(If travel outside of Texas, complete Schedule T)\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

3/14/08

Payee name

KIDY MALVEAUX

Payee address; City; State; Zip Code

2703 MANDR RD #101  
AUSTIN, TX 78722

Amount (\$)

500.00

Purpose of payment (See instructions regarding type of information required.)

PROVIDED CAMPAIGN ASSISTANCE  
(If travel outside of Texas, complete Schedule T)\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

3/14/08

Payee name

ELEANOR THOMPSON

Payee address; City; State; Zip Code

1409 CLIFFORD AVE  
AUSTIN, TX 78702

Amount (\$)

227.00

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN MGR DUTIES  
(If travel outside of Texas, complete Schedule T)\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

15

2 FILER NAME

DANNY LEE THOMAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/14/08

5 Payee name

KIMBELEIGH THOMPSON

6 Payee address; City; State; Zip Code

1409 CLIFFORD AVE  
AUSTIN, TX 78702

7 Amount (\$)

450.00

8 Purpose of payment (See instructions regarding type of information required.)

TECHNICAL  
ASSISTANCE to Campaign  
(If travel outside of Texas, complete Schedule T)

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

3/19/08

Payee name

EXXONMOBIL

Payee address; City; State; Zip Code

7715 E. BEN WHITE BVD  
AUSTIN, TX 78741

Amount (\$)

54.00

Purpose of payment (See instructions regarding type of information required.)

FUEL EXPENSE  
(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

3/14/08

Payee name

AKWASI EVANS/NOKOA NEWSPAPER

Payee address; City; State; Zip Code

P.O. BOX 1131  
AUSTIN, TX 78767-1131

Amount (\$)

830.00

Purpose of payment (See instructions regarding type of information required.)

1/4 Pg CAMPAIGN AD.  
(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

3/14/08

Payee name

QUICK PRINT

Payee address; City; State; Zip Code

8311 SHOAL CREEK  
AUSTIN, TX 78757

Amount (\$)

762.76

Purpose of payment (See instructions regarding type of information required.)

BALANCE DUE/CAMPAIGN  
MAILOUTS  
(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

15

2 FILER NAME

DANNY LEE THOMAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/20/08

5 Payee name

OFFICE DEPOT

6 Payee address; City; State; Zip Code

816 TIRADO ST  
AUSTIN, TX 78752

7 Amount (\$)

35.45

8 Purpose of payment (See instructions regarding type of information required.)

OFFICE SUPPLIES

(If travel outside of Texas, complete Schedule T)

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

3/26/08

Payee name

EXXON MOBIL

Payee address; City; State; Zip Code

1100 PARKER LANE  
AUSTIN, TX 78727

Amount (\$)

50.00

Purpose of payment (See instructions regarding type of information required.)

FUEL EXPENSE

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

3/28/08

Payee name

OFFICE DEPOT

Payee address; City; State; Zip Code

816 TIRADO ST  
AUSTIN, TX 78752

Amount (\$)

135.81

Purpose of payment (See instructions regarding type of information required.)

OFFICE SUPPLIES / POSTAGE

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

3/20/08

Payee name

ELEANOR THOMPSON

Payee address; City; State; Zip Code

1409 CLIFFORD AVE.  
AUSTIN, TX 78702

Amount (\$)

1000.00

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN MGR DUTIES

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

15

2 FILER NAME

DANNY LEE THOMAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/20/08

5 Payee name

RUDY MALVEAUX

6 Payee address; City; State; Zip Code

2703 MANOR RD  
AUSTIN, TX 78722

7 Amount (\$)

127.00

8 Purpose of payment (See instructions regarding type of information required.)

PRINTING EXPENSES  
(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

3/21/08

Payee name

ALFREDO SANTOS

Payee address; City; State; Zip Code

P.O. Box 19457  
AUSTIN, TX

Amount (\$)

100.00

Purpose of payment (See instructions regarding type of information required.)

MAILOUTS  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

3/21/08

Payee name

ELEANOR THOMPSON

Payee address; City; State; Zip Code

1409 CLIFFORD AVE  
AUSTIN, TX 78702

Amount (\$)

220.00

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN MEET DUTIES  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

3/24/08

Payee name

MANOR MESSENGER NEWSPAPER

Payee address; City; State; Zip Code

810 N. CALDWELL ST.  
MANOR, TX 78653

Amount (\$)

140.00

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN  
AD IN NEWSPAPER  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

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# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

15

2 FILER NAME

DANNY LEE THOMAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/24/08

5 Payee name

LA PRENSA NEWSPAPER

6 Payee address; City; State; Zip Code

1704 E. 5TH ST.  
AUSTIN, TX 78702

7 Amount (\$)

300.00

8 Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN  
AD IN NEWSPAPER  
(If travel outside of Texas, complete Schedule T)

9 .. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

3/25/08

Payee name

ALFREDO SANTOS

Payee address; City; State; Zip Code

P.O. BOX 19457  
AUSTIN, TX 787

Amount (\$)

200.00

Purpose of payment (See instructions regarding type of information required.)

INTERNET SERVICE  
(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

3/25/08

Payee name

ELEANOR THOMPSON

Payee address; City; State; Zip Code

1409 CLIFFORD AVE  
AUSTIN, TX 78702

Amount (\$)

100.00

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN PRINTING  
(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

3/27/08

Payee name

ALLIED PRINTING

Payee address; City; State; Zip Code

8222 N LAMAR BLVD SUITE E-44  
AUSTIN, TX 78753

Amount (\$)

2000.00

Purpose of payment (See instructions regarding type of information required.)

BULK PRINTING & MAILOUTS  
(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

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# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

15

2 FILER NAME

DANNY LEE THOMAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/28/08

5 Payee name

ALLIED PRINTING

6 Payee address; City; State; Zip Code

8222 N. LAMAR BLVD SUITE E-44  
AUSTIN, TX 78753

7 Amount (\$)

2376.17

8 Purpose of payment (See instructions regarding type of information required.)

BALANCE DUE - BULK PRINTING & MAILOUTS  
(If travel outside of Texas, complete Schedule T)

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

3/31/08

Payee name

SHELL OIL

Payee address; City; State; Zip Code

6515 AIRPORT BLVD  
AUSTIN, TX 78752

Amount (\$)

71.50

Purpose of payment (See instructions regarding type of information required.)

FUEL EXPENSE  
(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

4/2/08

Payee name

TOMMY WYATT / THE VILLAGER NEWSPAPER

Payee address; City; State; Zip Code

1223-A ROSEWOOD AVENUE  
AUSTIN, TX 78702

Amount (\$)

504.00

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN AD IN NEWSPAPER  
(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

4/4/08

Payee name

EXXONMOBIL

Payee address; City; State; Zip Code

6518 ED BLUESTEIN ST  
AUSTIN, TX 78723

Amount (\$)

40.00

Purpose of payment (See instructions regarding type of information required.)

FUEL EXPENSE  
(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

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# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

15

2 FILER NAME

DANNY LEE THOMAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/8/08

5 Payee name

MS. B'S AUTHENTIC CREDIE

6 Payee address; City; State; Zip Code

1050 E. 11th St #100  
AUSTIN, TX 78702

7 Amount (\$)

451.13

8 Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN WATCH / CAMPAIGN CELEBRATION  
(If travel outside of Texas, complete Schedule T)

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

4/3/08

Payee name

SOULCITI.COM / RUDY MALVEAUX

Payee address; City; State; Zip Code

2703 MANDR RD  
AUSTIN, TX 78722

Amount (\$)

250.00

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN ADVERTISEMENT  
(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

4/3/08

Payee name

ELEANOR THOMPSON

Payee address; City; State; Zip Code

1409 CLIFFORD AVE  
AUSTIN, TX 78702

Amount (\$)

300.00

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN MGR FEES  
(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

4/9/08

Payee name

RUDY MALVEAUX

Payee address; City; State; Zip Code

2703 MANDR RD  
AUSTIN, TX 78722

Amount (\$)

500.00

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN ASSISTANCE  
(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

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# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

15

2 FILER NAME

DANNY LEE THOMAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/12/08

5 Payee name

SPRINT ACCT000 3677925-4

6 Payee address; City; State; Zip Code

P.O. BOX 66 0092  
DALLAS, TX 75266-0092

7 Amount (\$)

241.08

8 Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN CONFERENCE CALL  
CONF # 050112  
(If travel outside of Texas, complete Schedule T)

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

4/12/08

Payee name

EXXON MOBIL

Payee address; City; State; Zip Code

1100 PARKER LANE  
AUSTIN, TX 78727

Amount (\$)

59.60

Purpose of payment (See instructions regarding type of information required.)

FUEL EXPENSE  
(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

4/11/08

Payee name

ELEANOR THOMPSON

Payee address; City; State; Zip Code

1409 CLIFFORD AVE  
AUSTIN, TX 78702

Amount (\$)

200.00

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN MGR FEES  
(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

4/14/08

Payee name

CHASE BANK

Payee address; City; State; Zip Code

6406 N. IH 35  
TX00426/LINCOLN VILLAGE BANKING  
AUSTIN, TX 78752

Amount (\$)

2500.00

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN  
PAYMENT ON LOAN  
(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

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# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

15

2 FILER NAME

DANNY LEE THOMAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/17/08

5 Payee name

CHEDDAR'S #190

6 Payee address; City; State; Zip Code

15119 N. 1435

PIUGERVILLE, TX 78660

7 Amount (\$)

27.00

8 Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN -  
BUSINESS LUNCH  
(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

4/20/08

Payee name

EXXONMOBIL

Payee address; City; State; Zip Code

1100 FARMER LANE

AUSTIN, TX 78727

Amount (\$)

57.01

Purpose of payment (See instructions regarding type of information required.)

FUEL EXPENSE  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

4/23/08

Payee name

EXXONMOBIL

Payee address; City; State; Zip Code

7715 E. BEN WHITE BLVD

AUSTIN, TX 78741

Amount (\$)

20.00

Purpose of payment (See instructions regarding type of information required.)

FUEL EXPENSE  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

4/21/08

Payee name

OPINION ANALYSTS, INC.

Payee address; City; State; Zip Code

906 RIO GRANDE ST.

AUSTIN, TX 78701

Amount (\$)

505.86

Purpose of payment (See instructions regarding type of information required.)

BALANCES FOR SERVICES FOR  
CAMPAIGN MAINTENANCE  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

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# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

15

2 FILER NAME

DANNY LEE THOMAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/3/08

5 Payee name

EXXONMOBIL

6 Payee address; City; State; Zip Code

6518 ED BLUESTEIN BLVD  
AUSTIN, TX 78723

7 Amount (\$)

32.00

8 Purpose of payment (See instructions regarding type of information required.)

FUEL EXPENSE  
(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

5/10/08

Payee name

SPRINT

Payee address; City; State; Zip Code

P.O. BOX 660075 CONF#093211  
DALLAS, TX 75266-0075

Amount (\$)

132.09

Purpose of payment (See instructions regarding type of information required.)

MOBIL PHONE USAGE  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

5/9/08

Payee name

EXXONMOBIL

Payee address; City; State; Zip Code

6518 ED BLUESTEIN BLVD  
AUSTIN, TX 78723

Amount (\$)

41.78

Purpose of payment (See instructions regarding type of information required.)

FUEL EXPENSE  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

5/14/08

Payee name

CHASE BANK

Payee address; City; State; Zip Code

6406 N. IH 35  
TX 00426 LINCOLN VILLAGE BANKING CTR  
AUSTIN, TX 78753

Amount (\$)

500.00

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN PAYMENT ON  
LOAN  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

15

2 FILER NAME

DANNY LEE THOMAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/9/08

5 Payee name

OFFICE DEPOT

6 Payee address; City; State; Zip Code

2101 SOUTH LAMAR  
AUSTIN, TX 78704

7 Amount (\$)

25.96

8 Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN SUPPLIES

(If travel outside of Texas, complete Schedule T)

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

6/13/08

Payee name

CHASE BANK

Payee address; City; State; Zip Code

6406 N 1435  
TX 00426 LINCOLN VILLAGE BANKING CTR.  
AUSTIN, TX 78752

Amount (\$)

500.00

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN PAYMENT ON LOAN

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

6/24/08

Payee name

ALFREDO SANTOS / La VOZ NEWSPAPER

Payee address; City; State; Zip Code

P.O. Box 19457  
AUSTIN, TX

Amount (\$)

500.00

Purpose of payment (See instructions regarding type of information required.)

BALANCE OWED / NEWSPAPER AD

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED